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S.D. SEC. OF STATE

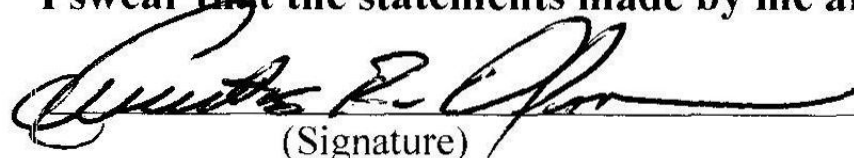
## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <b>Onida Watchman</b>		2. DATE <b>10/07/2010</b>
3. FREQUENCY OF ISSUE <b>Weekly</b>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <b>52</b>	3B. ANNUAL SUBSCRIPTION PRICE \$ <b>28, 32, 34</b>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <b>P.O. Box 245, Onida, Sully, South Dakota, 57564-0245</b>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <b>P.O. Box 245, Onida, Sully, South Dakota, 57564-0245</b>		
6. FULL NAME OF PUBLISHER: <b>Curtis R. Olson</b>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) FULL NAME <b>The Onida Watchman, Inc.</b> COMPLETE MAILING ADDRESS <b>P.O. Box 245 - 106 S. Main St. - Onida, SD 57564</b>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <b>None</b>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	<b>1148</b>	<b>1100</b>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	<b>131</b>	<b>135</b>
2. Mail Subscription (Paid and or requested)	<b>829</b>	<b>817</b>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<b>960</b>	<b>952</b>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	<b>36</b>	<b>35</b>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	<b>0</b>	<b>0</b>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<b>996</b>	<b>987</b>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<b>152</b>	<b>113</b>
2. Return from News Agents	<b>0</b>	<b>0</b>
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	<b>1148</b>	<b>1100</b>

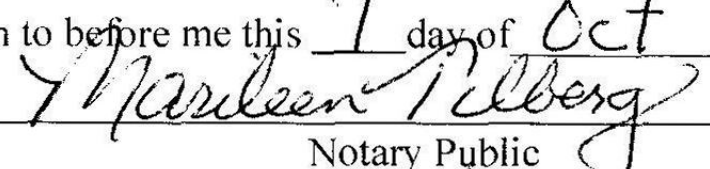
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
I swear that the statements made by me are true, correct, and complete:

  
(Signature)

  
(Title)

State of South Dakota )  
County of Sully )

(Seal)

Sworn to before me this 7 day of Oct, 2010  
  
Notary Public

My commission expires: 4-24-2016

**STOCKHOLDERS**

Richard R. Olson

18607 303rd Ave.

Onida, South Dakota 57564